alPHa
Association of Local PUBLIC HEALTH Agencies

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July 18, 2022

Hon. Sylvia Jones,
Deputy Premier and Minister of Health
College Park 5th Flr, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Jones,

Re. The Future of Public Health in Ontario

On behalf of member Medical Officers of Health, Boards of Health, and Affiliate organizations of the Association of Local Public Health Agencies (alPHa), I am writing to provide you with a summary of alPHa's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response.

Local public health agencies provide programs and services, which are mandated under the Ontario Public Health Standards, that promote well-being, prevent disease and injury, and protect population health. Our work, often done in collaboration with local partners and within the broader public health system, results in a healthier population that contributes to a stronger economy while preserving costly and scarce health care resources.

With congratulations on your new mandate from the people of Ontario, we would first observe that there is ample time for careful review and full consultation to inform recommendations that will reinforce Ontario's locally based public health system, strengthen its contributions to the effectiveness of health care, and ensure better health outcomes, in both ordinary and extraordinary times.

Attached you will find several documents that we have produced over the past five years that outline who we are, what we do and why it matters; our positions and recommendations related to system foundations, requirements for resourcing and renewal; and a compendium of the recommendations from each:

- alPHa Resolution A22-2: *Public Health Restructuring/Modernization & COVID-19*
- alPHa's *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response* report.
- alPHa's Pre-Budget Submission, 2022
- alPHa 2022 Elections Primer
- alPHa's Statement of Principles, the foundation of our responses to the Public Health Modernization consultations that were paused in early 2020.
- alPHa's "What is Public Health?" booklet on who we are, what we do and why it matters.

As the unified voice of Ontario's local public health leadership, we are pleased to share these materials with you at this pivotal time for health protection and promotion in Ontario and we would very much welcome opportunities to discuss these with you and your staff. To arrange a meeting with the leadership of our Association, please contact alPHa Executive Director Loretta Ryan by e-mail at loretta@alphaweb.org or by telephone at 647-325-9594

Sincerely,

Trudy Sachowski,
President

COPY Dr. Kieran Moore, Chief Medical Officer of Health
Dr. Michael Sherar, President and CEO, Public Health Ontario

ENCL.

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHa advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

COMPENDIUM OF RECOMMENDATIONS FROM ATTACHED MATERIALS

alPHa Resolution A22-2 - Public Health Restructuring/Modernization & COVID-19 :

- That prior to continuing with any renewal initiatives and/or implementing lessons learned from COVID-19, a new round of consultation with local public health agencies (LPHAs), alPHa, the Association of Municipalities of Ontario (AMO), the Ministry of Health and other relevant parties be conducted,

- That the Ontario public health mandate as currently outlined in the Ontario Public Health Standards not be altered or diminished in an effort to achieve budget reduction targets, and that the Province continues to financially support LPHAs, in an adequate and predictable manner, to implement the Standards and not require municipalities to increase the percentage of their contribution.

- That the current mitigation funding be continued until such time as the cost-shared arrangement is reset to 75/25 for all cost-shared programs and that the Province once again assumes 100% funding for those programs identified as such in the public health budget for 2018-19.

- That COVID recovery be supported by 100% one-time funding from the Province to assist LPHAs in addressing non-COVID program deficits.

- That any amalgamation of existing public health units group units together that have similar communities of interest.

- That any reform of public health includes a local governance model.

- That the unique challenges of rural and urban communities be distinctly incorporated in any re-organization or modernization initiatives.

- That any re-organization, modernization or recovery initiatives be implemented with the meaningful participation of First Nations and Indigenous peoples.

- That alPHa is committed to working collaboratively with Ontario Health and health system partners to contribute to a health system that addresses inequities identified prior to and amplified by the COVID-19 pandemic.

alPHa's Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response report.

- **Provincial support for an ongoing pandemic response:** Maintain ongoing provincial investments in science, structures, and resources in support of the multi-sector effort required to effectively manage the COVID-19 pandemic.

    - Ongoing provincial coordination of the response between sectors

- Maintenance and review of provincial guidelines and tools, commitment to effective communications, and central support for local public health implementation and adaptation of provincial guidance based on local community needs.

- Strengthening Public Health Ontario's capacity to provide scientific and technical advice to government, public health, health care, and related sectors

- **Provincial support for Local Public Health Agencies:** Protect and promote the health of Ontarians through financial investments in PHUs that are clearly communicated and committed early in the fiscal year:

    - Ongoing one-time COVID-19 funding for 2022 to support the COVID-19 response and ensure the ability to maintain required staffing level.

    - One-time recovery funding to support recovery efforts, as outlined in this report, and to allow PHUs to address priority areas.

    - Increase base funding, including but not limited to the addition of COVID-19 as a disease of public health significance beyond 2022.

- **Provincial support for evaluation and renewal:** Continue to work with Ontario's public health stakeholders (Public Health Ontario, Office of the Chief Medical Officer of Health, Local Public Health Agencies) to develop the vision for a stronger responsive public health sector with the capacity to address population health needs through various partnerships into the future.

    - Ensure that Ontario launches a comprehensive review and assessment of all aspects of the pandemic response to inform strategies for improvement.

    - Ensure that public health stakeholders have the capacity and resources to participate fully in the review and in formulating recommendations.

alPHa's Pre-Budget Submission, 2022

- **Continued support for an ongoing pandemic response**

    - Plan for additional one-time COVID-19 funding allocations for 2022 to support the COVID-19 response and ensure adequate resources and staffing levels for case/contact management, vaccination programs, data collection and analysis, and public communications.

    - Synchronize new funding announcements and their allocation to ensure that local public health agencies have immediate access to the resources required.

    - Enhance central support for local public health implementation, communication, and enforcement of provincial policy directions.

    - Strengthen Public Health Ontario's capacity to provide timely evidence-based scientific and technical advice on public health related topics to government, public health, health care, and related sectors.

- **Enhanced support for local public health recovery and sustainability**

    - Ensure that the total funding envelope is sufficient for all local public health agencies to deliver their entire Ontario Public Health Standards mandate, including consideration of the additional resources required to ensure the ongoing capacity to control COVID-19.

    - Provide additional funding to support recovery efforts and the resumption of routine programming, including closing the gaps for services that have not been provided for nearly 2 years (e.g. routine childhood immunizations, oral health and vision screening programs, substance use).

    - Immediately revert to the 75% / 25% provincial-municipal public health cost-sharing formula with assurances that no further changes will be made without extensive analysis and consultation.

    - Consider additional strategic public health investments that should be funded entirely by the Government of Ontario. Low-income oral health programs and enforcement of the *Smoke-Free Ontario Act, 2017* for example were funded this way until 2019.

- **Provincial support for evaluation and renewal**

    - Ensure that Ontario has the capacity to undertake a comprehensive review and assessment of all aspects of the pandemic response to inform strategies for improvement.

    - Ensure that public health stakeholders have the capacity and resources to participate fully in the review and in formulating recommendations.

    - Ensure that a health equity lens is carefully applied to the analysis, knowing that COVID-19 has disproportionately affected communities with lower socioeconomic status.

- **Preserve the integrity of Ontario's locally based public health system to protect its excellent return on investment.**

    - Recognize that investments in health protection and promotion yield enormous returns on investment including reducing the burden on Ontario's costly health care system.

    - Recognize the differing mandates of public health and health care and ensure that they remain organizationally separate.
    - Recognize the value of public health's existing local community partnerships (e.g. school boards, municipalities, community services) and ensure their preservation.

alPHa 2022 Elections Primer

- **OUR ASK:** Candidates acknowledge that local public health has been the backbone of Ontario's successful response to the pandemic and remains essential to the province's health and economic recovery, which will require sustained and sufficient resources and a stable structure embedded in local communities.

alPHa's Statement of Principles, the foundation of our responses to the Public Health Modernization consultations that were paused in early 2020.

- **Foundational Principle**
    - Any and all changes must serve the goal of strengthening the Ontario public health system's capacity to improve population health in all of Ontario's communities through the effective and efficient local delivery of evidence-based public health programs and services.

- **Organizational Principles**
    - Ontario's public health system must remain financially and administratively separate and distinct from the health care system.
    - The strong, independent local authority for planning and delivery of public health programs and services must be preserved, including the authority to customize centralized public health programming or messaging according to local circumstances.
    - Parts I-V and Parts VI.1 – IX of the Health Protection and Promotion Act should be retained as the statutory framework for the purpose of the Act, which is to "provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario".
    - The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability should be retained as the foundational basis for local planning and budgeting for the delivery of public health programs and services.
    - Special consideration will need to be given to the effects of any proposed organizational change on Ontario's many Indigenous communities, especially those with a close relationship with the boards of health for the health units within which they are located. Opportunities to formalize and improve these relationships must be explored as part of the modernization process.

- **Capacity Principles**
    - Regardless of the sources of funding for public health in Ontario, mechanisms must be included to ensure that the total funding envelope is stable, predictable, protected and sufficient for the full delivery of all public health programs and services whether they are mandated by the province or developed to serve unique local needs as authorized by Section 9 of the Health Protection and Promotion Act.
    - Any amalgamation of existing public health units must be predicated on evidence-based conclusions that it will demonstrably improve the capacity to deliver public health programs and services to the residents of that area. Any changes to boundaries must respect and preserve existing municipal and community stakeholder relationships.

- Provincial supports (financial, legal, administrative) must be provided to assist existing local public health agencies in their transition to any new state without interruption to front-line services.

- **Governance Principles**

  - The local public health governance body must be autonomous, have a specialized and devoted focus on public health, with sole oversight of dedicated and non-transferable public health resources.

  - The local public health governance body must reflect the communities that it serves through local representation, including municipal, citizen and / or provincial appointments from within the area. Appointments should be made with full consideration of skill sets, reflection of the area's socio-demographic characteristics and understanding of the purpose of public health.

  - The leadership role of the local Medical Officer of Health as currently defined in the Health Protection and Promotion act must be preserved with no degradation of independence, leadership, or authority.

alPHa RESOLUTION A22-2

TITLE: **Public Health Restructuring/Modernization & COVID-19**

SPONSOR: **Peterborough Public Health**

WHEREAS the Province of Ontario has indicated its intention to "modernize" the process of public health delivery in Ontario; and

WHEREAS the consultations led by Mr. Jim Pine on behalf of the Province were interrupted by the emergence of the COVID-19 pandemic; and

WHEREAS public health has been significantly impacted both in the short and long term by the COVID-19 pandemic; and

WHEREAS there is a need to close the program deficit created during the last 28 months addressing COVID-19; and

WHEREAS there are significant lessons to be learned from addressing COVID-19; and

WHEREAS there is a need to engage municipal partners in any proposed financial changes to funding public health;

THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) send formal correspondence to the Premier of Ontario, the Minister of Health of Ontario, and the Chief Medical Officer of Health of Ontario insisting that, prior to continuing with any renewal initiatives and/or implementing lessons learned from COVID-19, a new round of consultation with local public health agencies (LPHAs), alPHa, the Association of Municipalities of Ontario (AMO), the Ministry of Health and other relevant parties be conducted, and

AND FURTHER THAT alPHa take the position that the Ontario public health mandate as currently outlined in the Ontario Public Health Standards not be altered or diminished in an effort to achieve budget reduction targets, and that the Province continues to financially support LPHAs, in an adequate and predictable manner, to implement the Standards and not require municipalities to increase the percentage of their contribution, and

AND FURTHER THAT alPHa promote the following principles as fundamental to addressing modernization and COVID-recovery activities:

- That the recommendations, as outlined in the January 2022 alPHa Public Health Resilience in Ontario be given full consideration by the provincial government;

- That the current mitigation funding be continued until such time as the cost-shared arrangement is reset to 75/25 for all cost-shared programs and that the Province once again assumes 100% funding for those programs identified as such in the public health budget for 2018-19.

- That COVID recovery be supported by 100% one-time funding from the Province to assist LPHAs in addressing non-COVID program deficits.

- That any amalgamation of existing public health units group units together that have similar communities of interest.

- That any reform of public health includes a local governance model.

- That the unique challenges of rural and urban communities be distinctly incorporated in any re-organization or modernization initiatives.

- That any re-organization, modernization or recovery initiatives be implemented with the meaningful participation of First Nations and Indigenous peoples.

- That alPHa is committed to working collaboratively with Ontario Health and health system partners to contribute to a health system that addresses inequities identified prior to and amplified by the COVID-19 pandemic.

CARRIED AS AMENDED

Public Health Resilience in Ontario

CLEARING THE BACKLOG, RESUMING ROUTINE PROGRAMS, AND MAINTAINING AN EFFECTIVE COVID-19 RESPONSE

Association of Local Public Health Agencies
January 2022

Since the beginning of the COVID-19 pandemic, Ontario's 34 local public health agencies (LPHAs) have been at the forefront of the ongoing response. They have prevented COVID-19 transmission, hospitalizations, and death through enactment and enforcement of public health measures, case and contact management, outbreak management, infection prevention and control, communication of credible advice to the public, coordination with local and provincial partners and leadership of the vaccination campaign.

These extraordinary efforts have come at the expense of nearly all the routine programs and services mandated by the Ontario Public Health Standards (OPHS) as their resources were redeployed almost exclusively to the pandemic response. This has resulted in a backlog of public health work that will have immediate and longer-term impacts on population health.

The purpose of this report is to demonstrate the need for additional investments in public health that will be required to clear the backlog, resume routine programs and services, and maintain an effective pandemic response. The content is adapted from an earlier and more detailed draft report that the Council of Ontario Medical Officers of Health (COMOH) submitted to the Chief Medical Officer of Health in early October. This was informed largely by a survey of all 34 public health units that gathered information about program deficits since 2020.

KEY FINDINGS: IMPACTS ON MANDATED PUBLIC HEALTH PROGRAMS AND SERVICES

Just like the widely reported "surgical backlog" in health care, a health promotion and protection backlog has accumulated since March 2020, which is certain to have a significant and measurable effect on the health of Ontarians for years to come.

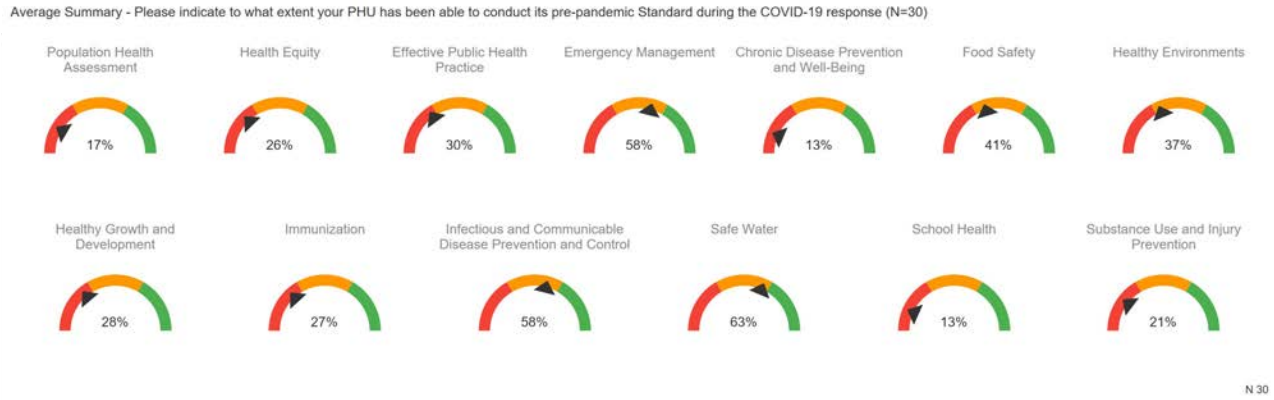
OPHS mandated public health programs and services have been significantly curtailed for nearly two years, with an average of 74% of 2020 LPHA resources and 78% (to date) of 2021 LPHA resources having been diverted to the COVID-19 response. This increase reflected a general upward trend as the pandemic evolved, and additional resources had to be secured to meet the demand throughout the province. Uncertainties about funding sources presented a challenge to managing extraordinary costs and allocating resources.

Health protection programs such as Safe Water, Infectious and Communicable Disease Prevention and Control, and Emergency Management Standards had the highest rates of completion, but most were response-driven and prioritized according to the level of risk, which in turn would focus primarily on COVID-19 related threats.

The Chronic Disease Prevention and Well-being and School Health Standards, which include injury prevention, healthy eating and physical activity, immunization, mental health, and substance use, had the lowest rates of completion. The population health impact of these deficits will be felt over a longer period and will almost certainly be magnified by the effects of the pandemic, which will in turn add to the cost of catching up on the OPHS mandates in these areas.

Specific concerns were expressed about the program backlogs related to children's health. Since the onset of the pandemic in March 2020, oral health screening in schools effectively ceased, and the Healthy Babies Healthy Children (HBHC) visits for vulnerable families and children were significantly reduced. Additionally, approximately 80% of the routine school immunization program was not completed during this time. Estimates indicate that this could account for a current backlog of up to 300,000 school-based vaccinations/year across the province.

Summary of PHUs self-reported completion of OPHS Standards in the context of the COVID-19 pandemic:



LESSONS LEARNED: PROCESS IMPROVEMENTS AND REINFORCEMENT OF PARTNERSHIPS AND COLLABORATION

The COVID-19 pandemic presented opportunities for public health to demonstrate its resilient and innovative capacity to meet local needs despite major resource challenges. Technological innovation, enhanced coordination with a wide range of partners, improvements to processes such as data analysis, reporting, surveillance, and communications, and the application of data to inform health equity approaches were highlighted. Each of these is expected to yield lasting benefits beyond the COVID-19 response.

RESTORING PUBLIC HEALTH'S WORK TO IMPROVE THE HEALTH OF ONTARIANS

LPHAs are beginning to develop recovery plans, which are aimed at resuming their vital and mandated programs and services under the OPHS while continuing to provide an effective ongoing response to COVID-19. These plans include ongoing assessments of program deficits that have resulted from the pandemic response and recommendations for a phased and priority-based approach to returning to full service while giving special attention to the public health needs of populations that have been disproportionally affected. Program areas that address mental health, substance use and harm reduction, child immunization catch-up, food safety inspection, and oral health were cited as priorities for the earliest stages of the recovery.

STRENGTHENING PUBLIC HEALTH FOR A MORE RESILIENT ONTARIO

Substantial recovery efforts will not be possible if the pandemic response continues to consume the bulk of local public health resources. While mitigation funding from the Province has been helpful, clearer and more timely assurances of funding for both routine and extraordinary public health activities will be required to inform budgets over multiple years. Additional and immediate investments will be required as maintaining COVID-19 response activities while resuming OPHS activities will not be feasible without additional resources. Recovery will also require addressing high levels of stress and burnout among public health staff to support their personal recovery.

RECOMMENDATIONS

Provincial support for an ongoing pandemic response: Maintain ongoing provincial investments in science, structures, and resources in support of the multi-sector effort required to effectively manage the COVID-19 pandemic.

- Ongoing provincial coordination of the response between sectors
- Maintenance and review of provincial guidelines and tools, commitment to effective communications, and central support for local public health implementation and adaptation of provincial guidance based on local community needs.
- Strengthening Public Health Ontario's capacity to provide scientific and technical advice to government, public health, health care, and related sectors

Provincial support for Local Public Health Agencies: Protect and promote the health of Ontarians through financial investments in PHUs that are clearly communicated and committed early in the fiscal year:

- Ongoing one-time COVID-19 funding for 2022 to support the COVID-19 response and ensure the ability to maintain required staffing level.
- One-time recovery funding to support recovery efforts, as outlined in this report, and to allow PHUs to address priority areas.
- Increase base funding, including but not limited to the addition of COVID-19 as a disease of public health significance beyond 2022.

Provincial support for evaluation and renewal: Continue to work with Ontario's public health stakeholders (Public Health Ontario, Office of the Chief Medical Officer of Health, Local Public Health Agencies) to develop the vision for a stronger responsive public health sector with the capacity to address population health needs through various partnerships into the future.

- Ensure that Ontario launches a comprehensive review and assessment of all aspects of the pandemic response to inform strategies for improvement.
- Ensure that public health stakeholders have the capacity and resources to participate fully in the review and in formulating recommendations.

PUBLIC HEALTH RESILIENCE IN ONTARIO

INTRODUCTION

Since the beginning of the pandemic, Ontario's 34 local public health agencies (LPHAs) have been at the forefront of the ongoing pandemic response. Led by dedicated local medical officers of health, boards of health, and a diverse and skilled workforce, these agencies have been instrumental in preventing COVID-19 transmission, hospitalizations, and death through enactment and enforcement of public health measures, case and contact management, infection prevention and control, communication of credible advice to the public, and leadership of the vaccination campaign. These activities have been crucial to preserving the capacity of Ontario's health care system as well as allowing for cautious and measured steps towards reopening the economy.

The unfortunate consequence of the extraordinary efforts required to limit the spread of COVID-19 and decrease its impact on the population at the local level is that LPHAs have had to suspend a significant proportion of the routine programs and services mandated by the Ontario Public Health Standards (OPHS) and redeploy their resources to the pandemic response.

This has resulted in a backlog of public health work that includes both quantifiable and less quantifiable impacts. Quantifiable impacts include services not performed, such as inspections, immunizations, disease investigations, and family visits to support early childhood development. Less quantifiable are the population health impacts of the reduction of public health programs and services, including health equity, active living and healthy eating, mental health, substance use including addressing the opioid epidemic, and poverty.

The purpose of this report is to summarize the backlog of public health programs and services created by the pandemic response, to outline the requirements for additional investments to support the resumption of these routine activities as the response continues, and to identify key secondary population health impacts of the pandemic that will require additional resources to tackle. Its content is derived almost exclusively from an earlier and more detailed report by the Council of Ontario Medical Officers of Health (COMOH) that was submitted to the Chief Medical Officer of Health in early October.

Information Sources

In the developmental stages of the COMOH report to the CMOH in the late summer of 2021, all 34 LPHAs in Ontario were invited to complete a 62-question survey designed to assess the proportion of resources reallocated to COVID-19 response and the consequent impact on OPHS programs and services requirements. It also asked for an outline of reasons for the program backlog and a ranking of public health topics for priority focus during the recovery stages. The survey also invited LPHAs to submit additional material related to recovery and priorities, which included recovery plans, reports,

presentation slide decks, and reports on indirect harms associated with the COVID-19 pandemic (the pandemic itself, and the public health measures).

Other sources of information also contributed to our understanding of the indirect impacts of the COVID-19 pandemic, the unintended consequences of public health measures used to slow COVID-19 transmission, and the effects of the curtailment of public health services on the health of the population. Discussions involving the Council of Ontario Medical Officers of Health and Ministry colleagues, various letters to the Ministry from Boards of Health on recovery, the Ontario Health dashboard for recovery topics, and public reports released by Public Health Ontario were invaluable to identifying priority population health issues that were aggravated by the pandemic. Mental health, substance use, healthy growth and development, chronic disease, health equity, income, violence/family violence, oral health, and racism emerged as the most significant.

KEY FINDINGS: IMPACTS ON MANDATED PUBLIC HEALTH PROGRAMS AND SERVICES

As noted in the Ontario Public Health Standards, the role of LPHAs is to "support and protect the physical and mental health and well-being, resiliency and social connectedness of the health unit population, with a focus on promoting the protective factors and addressing the risk factors associated with health outcomes", through the core functions of population health assessment and surveillance, health promotion and protection, disease prevention and emergency management.

Simply put, public health keeps people and communities healthy, saves lives and saves money. Public health programs and services prevent health problems from occurring in the first place and help prolong healthy lives, which reduces the need to draw on expensive and increasingly scarce resources of the health care system.

These routine public health supports to population health were significantly diminished throughout the pandemic. The survey data provided by LPHAs revealed that, on average, 74% of their 2020 resources and 78% (to date) of their 2021 resources were allocated to the COVID-19 response, with ranges of 20% to 100% in 2020 and 40% to 90% in 2021. A more fulsome analysis of what factors may have accounted for placement within these ranges was not completed, but the figures below demonstrate a general upward trend in resource diversion to the COVID-19 response between 2020 and 2021.

Figure 1. Public Health Unit reports of proportion of PHU resources allocated to COVID 19 response during the pandemic for 2020.

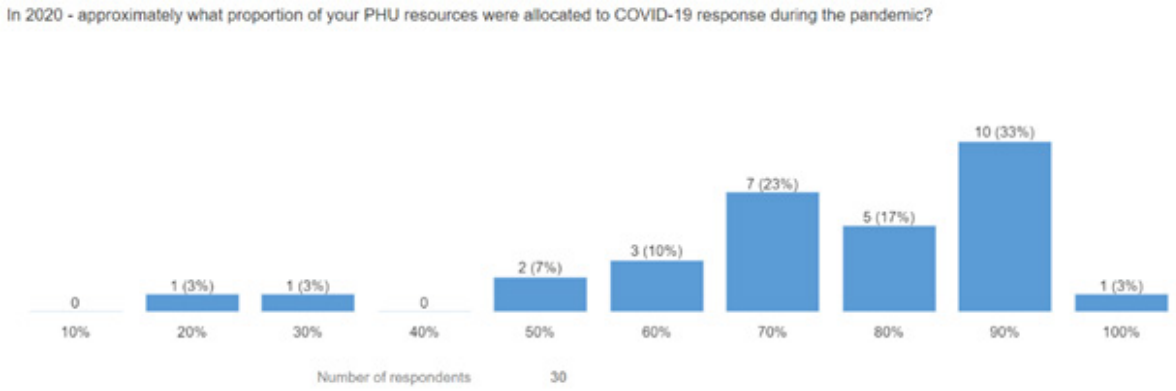
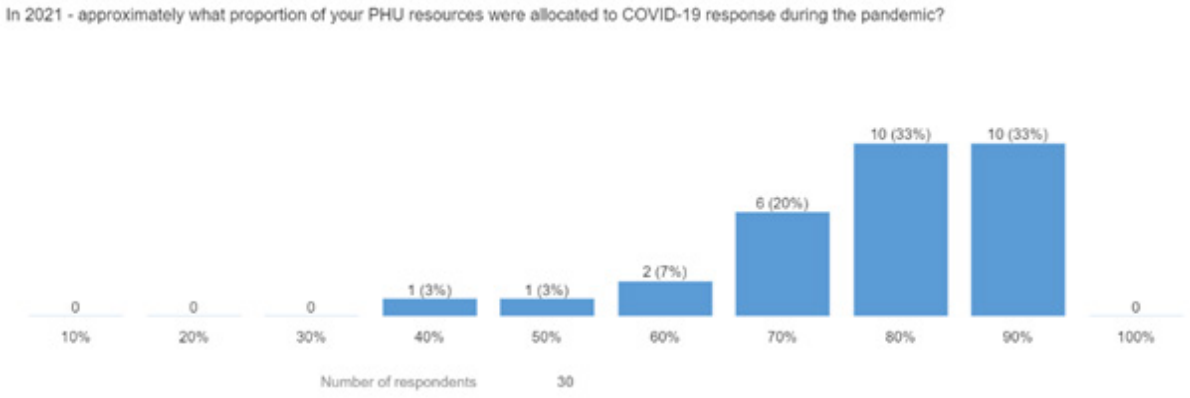


Figure 2. Public Health Unit reports of proportion of PHU resources allocated to COVID 19 response during the pandemic for 2021.



The increase in resource redeployment to COVID-19 responses from 2020 to 2021 reflects the rapidly evolving context of the pandemic, which placed a heavy workload on all LPHAs. When the pandemic began staff were faced with receiving and processing large and rapidly changing volumes of information, adapting guidance and public messaging to emerging science, and developing new processes to engage with community partners, decision makers and the public. As the pandemic evolved, response activities were modified according to the rise and fall of case counts, the emergence of more dangerous variants, and the rollout of an unprecedented and complex vaccination campaign.

In addition to redeployment of existing resources, all LPHAs that responded to the survey reported increasing their staff complement through temporary hiring to manage the demands. In addition to the added financial and administrative procedures, training and orientation of new staff added to the already burdensome load. A clear majority of the LPHAs reported having accessed the provincial workforce for case and contact management to assist with the response. Some also reported that the uncertainty related to funding impacted their ability to make timely decisions regarding the augmentation and allocation of resources to both urgent non-COVID-19 related activities along with the COVID-19 response.

Direct and indirect impacts on PHUs and public health programs and services

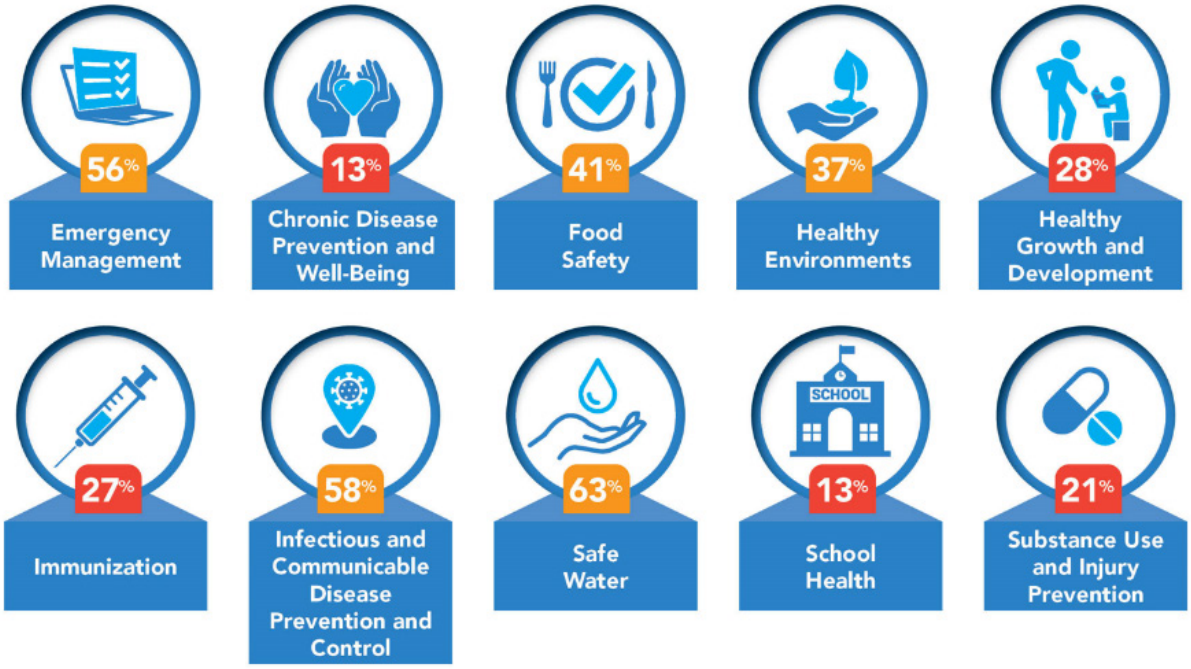
The redirection of resources to COVID-19 response efforts has led to a tremendous backlog of programs and services that will require equally tremendous commitment to resolve. Just like the widely reported “surgical backlog” in health care, the health promotion and protection backlog that has built up over nearly 2 years is certain to have a significant and measurable effect on the health of Ontarians for years to come. In the meantime, the pandemic itself has caused or magnified indirect harms to population health, including health inequities, impacts on mental health, increased substance use, and neglect of chronic diseases.

Specific questions were asked in our survey of LPHAs about the impact of the near-exclusive focus on COVID-19 response on their ability to carry out the full scope of the OPHS. The extent of completion of OPHS mandated activities ranged from 13% to 63%, and many respondents emphasized that most of the

work that was completed under each standard was linked in some way to the COVID-19 response. Non COVID-19 related activities overall were limited. Figures 9 and 10 below illustrate the average deficits for each OPHS Standard calculated from the survey data.

Figure 3: Summary of PHUs self-reported completion of OPHS Foundational Standards in the context of the COVID-19 pandemic

Figure 4: Summary of PHUs self-reported completion of OPHS mandated Program Standards in the context of the COVID-19 pandemic



Other Notable Findings from the Survey

- None of the OPHS requirements were completed to pre-pandemic levels due to the extensive redeployment of staff required to provide COVID-19 response activities including surveillance, case and contact investigation, outbreak and Infection Prevention and Control (IPAC) responses, enforcement, communications, vaccination and responding to public inquiries.
- The Safe Water, Infectious and Communicable Disease Prevention and Control, and Emergency Management Standards had the highest rates of completion but in many cases, the work was modified, response-driven and prioritized. Due to capacity constraints, many health units were required to triage their response to reportable diseases, IPAC complaints and inspections according to the level of risk.
- The Chronic Disease Prevention and Well-being and School Health Standards had the lowest rates of completion, a particular concern given the broad scope and far-reaching influence of each of these on overall population health. Injury prevention, healthy eating and physical activity, immunization, oral health, mental health, substance use, UV exposure, and violence and bullying are just some of the topics that LPHAs are required to address under these two Standards.

Service backlogs specifically related to children's health were also emphasized by respondents to the survey.

- Oral health screening in schools effectively ceased in March 2020 with the onset of the pandemic. Data from 16 LPHA respondents indicated that 2,602 children were screened in schools in the 2020-2021 school year, which is less than 1% of the 301,830 children who received oral health screening in the 2019-2020 school year.
- Healthy Babies Health Children (HBHC): overall, just over three quarters of public health agencies recommended or required the reduction of in-person home visits due to public health measures. In addition, many public health nurses from HBHC were redeployed to COVID-19 response activities creating waitlists and backlog of services for vulnerable families and children. Although many health agencies transitioned to virtual service delivery, when asked what percentage of HBHC families were receiving home visits using interactive video conferencing, 50% of public health agencies (17/34) reported <10% of their families were receiving video 'home visits'.
- School immunizations: 24 health agencies reported that approximately 80% of the school immunization program was not completed during the pandemic so far. Estimates provided by one health unit indicate that this would account for up to 300,000 school-based vaccinations/year that have not been administered across the province.

Overall, the program areas for which there is the greatest deficit are those in health promotion. These programs yield results over longer periods of time, and the effects of deficits in this area may not be immediately observed. Delays in addressing this backlog will magnify these effects, which include impacts on quality and quantity of life years and increased costs to the health care system.

Lessons Learned: process improvements and reinforcement of partnerships and collaboration

The COVID-19 pandemic presented many opportunities for public health to demonstrate its resilient and innovate nature through the enhancements to its traditional delivery of local public health programs and services to meet the local response needs. As reported in the survey and anecdotally through conversations amongst health units, new organizational processes were established, along with improved coordination of public health response among partners in health care and non-health care sectors. These enhancements could be further explored and considered during recovery for the effective and efficient operations of public health.

Improvements to processes because of the COVID-19 response were noted for the following activities by most respondents:

- data analysis, management, reporting, and visualization
- surveillance
- public and partner communications
- stakeholder engagement and collaboration
- public and partner education
- data driven health equity approaches
- emergency management

Some LPHAs noted that their processes for conducting case and contact management and IPAC management were supported by new technologies (e.g., PowerBI for enhanced data visualization, remote call centres, etc.) that will have lasting benefits beyond the COVID-19 response.

Support from the Office of the Chief Medical Officer of Health and Public Health Ontario were also identified as integral to the local response. The professional resources and tools including provincial guidelines, reference materials, legislation, emergency orders, and orders in council were essential to a coordinated public health response. Additional centralized human resources including the provincial workforce for case and contact investigation were also invaluable.

The importance of the existing network of local relationships among LPHAs, local health care providers, municipalities, social services, boards of education, and businesses was simultaneously demonstrated and enhanced during the COVID-19 response. Coordination of efforts to support public health measures, communicate information, implement assessment and testing strategies, and execute the mass vaccination campaign benefited significantly from local collaborative efforts, which will also be essential in the recovery phase.

RESTORING PUBLIC HEALTH'S WORK TO IMPROVE THE HEALTH OF ONTARIANS

The OPHS represents a broad range of often interrelated programs and services that address an equally broad range of population health determinants and outcomes. OPHS guidelines and protocols give LPHAs more detailed information to support their activities. These are Ministry mandated requirements and the basis of the related accountability and funding agreements.

LPHAs are beginning to develop recovery plans, which are aimed at resuming their vital and mandated programs and services under the OPHS while continuing to provide an effective ongoing response to COVID-19. These plans include assessments of program deficits that have resulted from the pandemic response and recommendations for a phased and priority-based approach to returning to full service

while giving special attention to the public health needs of populations that have been disproportionally affected.

This last point is noteworthy in its recognition that the pandemic and the response to it will have long lasting indirect health impacts on certain populations, which will put additional demands on LPHAs even within their OPHS mandate. Health equity has been identified as a foundational theme for recovery planning and will be a primary consideration in prioritizing activities. The core function of population health assessment will be critical here and given that this was one of the highest program standard deficits, it must be recognized that additional supports will be required to close this gap so that the other program gaps can be properly addressed.

LPHAs were also asked in the survey to rank program recovery priorities to address the public health backlog. The topics prioritized included mental health promotion, substance use and harm reduction including a focus on the opioid crisis, child immunization catch-up, food safety inspection, and oral health. Results are illustrated below in Figure 5.

The following specific priorities were identified for attention in the earliest stages of resuming routine activities:

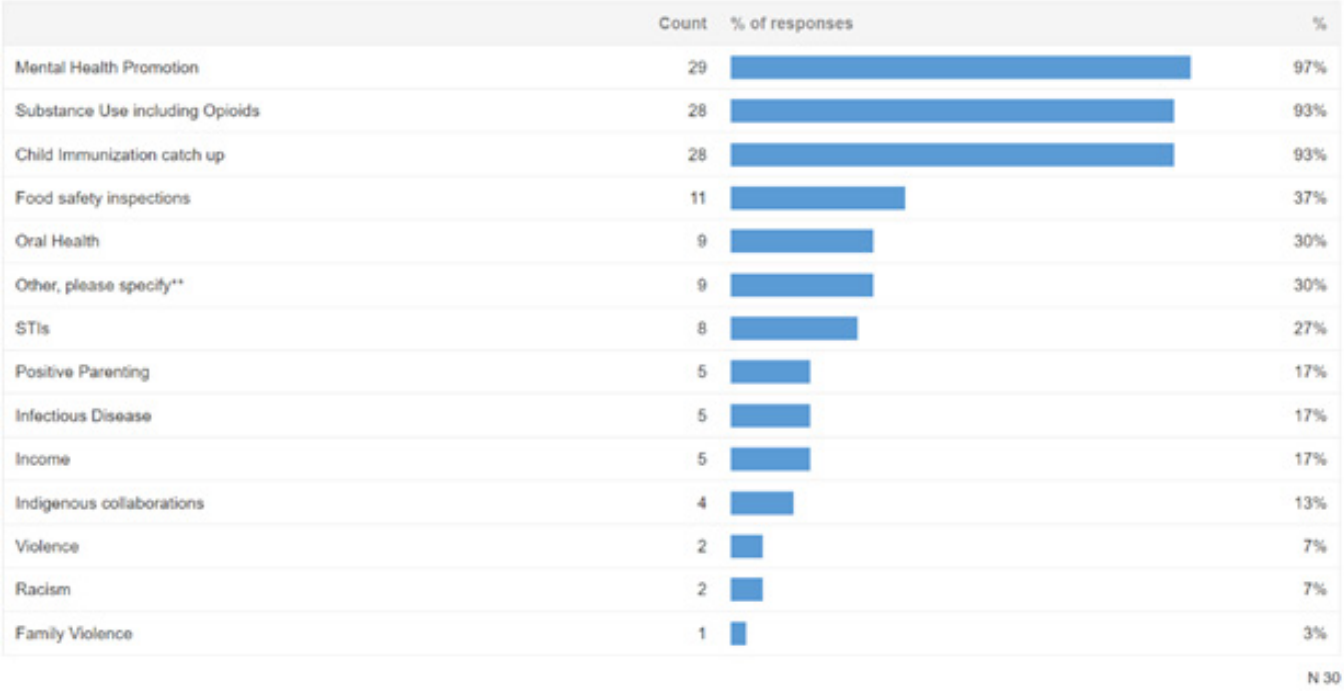
- Continue to provide a sustainable COVID-19 response to prevent transmission with a focus on protecting vulnerable populations.
- Offer school immunization catch-up to students who did not receive their full series of Grade 7 immunizations in the 2021/2022 school year.
- Reinstate/implement public health programs that support Mental Health Promotion as per the 2018 Ontario Public Health Standard Mental Health Promotion Guideline (2018) with special considerations for marginalized populations.
- Reinstate PHUs resources that support the prevention of substance use and local planning related to the opioid epidemic.

It is important to note that geographic and sociodemographic diversity is one of the features of Ontario's locally based public health system and this is recognized in the flexibility built in to the OPHS to allow for the tailoring of programs and services to address local needs and circumstances. It is therefore important to ensure that the relative ranking of priority areas for recovery does not preclude addressing the specific local needs of any given Board of Health.

This variation will also underlie differing states of readiness for and progress towards recovery, and the unpredictability of the future course of the pandemic will necessitate flexibility in planning. In any case, substantial recovery efforts will not be possible if the pandemic response continues to consume the bulk of local public health resources. Additional and immediate investments will be required.

Figure 5. Listing of priority topics and public health agencies responses

The following topics have been mentioned in various documents and communications as emerging population health priorities due to indirect impacts of the pandemic and public health measures. Other than Covid-19, please select the top 5 priorities in your catchment area. If your top 5 choices are not listed, please add them in the "Other, please specify" response field.



	Count	% of responses	%
Mental Health Promotion	29		97%
Substance Use including Opioids	28		93%
Child Immunization catch up	28		93%
Food safety inspections	11		37%
Oral Health	9		30%
Other, please specify**	9		30%
STIs	8		27%
Positive Parenting	5		17%
Infectious Disease	5		17%
Income	5		17%
Indigenous collaborations	4		13%
Violence	2		7%
Racism	2		7%
Family Violence	1		3%

N 30

STRENGTHENING PUBLIC HEALTH FOR A MORE RESILIENT ONTARIO

All respondent LPHAs indicated that they would need additional dedicated resources to support ongoing COVID-19 response and resumption of routine activities into 2022 and beyond. The pandemic response has clearly demonstrated that LPHAs cannot do both. While mitigation funding from the Province has been helpful, clearer and more timely assurances of funding for both routine and extraordinary public health activities will be required to inform budgets over multiple years.

If COVID-19 becomes endemic, we know that the requirement for additional human resources for case and contact investigation, outbreak management, and vaccination will become permanent. We also know that resources will be required to erase the program deficits outlined above. Both will be expenses on top of the typical funding for the basic public health mandate under the OPHS. A clear commitment by the Province to developing a process that ensures timely, predictable and sufficient funding to address each of these obligations would assist LPHAs in developing their budgets for 2022 and beyond. Recognizing that such funding would primarily be used for health human resources, recruitment and retention strategies may also need to be considered.

The demand for additional FTEs for Public Health Nurses, Public Health Inspectors, Immunizers, Contact Tracers, Epidemiologists/Data Analysts, Administrative/Program Assistants, and Management positions was significant and widespread during the pandemic. Some respondents also mentioned the need for Communications staff, Program Planners/Evaluators, and Health Promoters, and even mental health supports for their own staff. While the magnitude of these demands may diminish once the recovery phase begins, maintaining COVID-19 response activities while resuming OPHS activities will not be feasible without additional resources.

PHU recovery reports and frameworks also refer to staff experiencing high levels of stress and burnout and cite the importance of supporting public health staff through recovery. Strategies to support the recovery of the public health workforce are outlined in a report from PHO including recommendations for individuals, teams organizational and policy approaches including mental health supports and stigma reduction strategies. (Ontario Agency for Health Protection and Promotion (PHO), 2021).

Recommendations for supporting public health to improve the health of Ontarians

1. **Provincial support for an ongoing pandemic response**

   Maintain ongoing provincial investments in science, structures, and resources in support of the multi-sector effort required to effectively manage the COVID-19 pandemic.

   - Ongoing provincial coordination of the response between sectors (e.g. education, municipal, acute and long term care, public health, solicitor general, academic, etc.)
   - Maintenance and review of provincial guidelines and tools, commitment to effective communications, and central support for local public health implementation and adaptation of provincial guidance based on local community needs.
   - Strengthening Public Health Ontario's capacity to meet its mandate of providing scientific and technical advice to government, public health, health care, and related sectors

2. **Provincial support for Local Public Health Agencies**

   Protect and promote the health of Ontarians through financial investments in PHUs that are clearly communicated and committed early in the fiscal year:

   - Ongoing one-time COVID-19 funding for 2022 to support the COVID-19 response and ensure the ability to maintain required staffing level.
   - One-time recovery funding to support recovery efforts, as outlined in this report, and to allow PHUs to address priority areas including public mental health promotion, public health opioid crisis response, and child and school immunization catch-up, other service backlogs including oral health screenings and inspections, and organizational needs related to human resources, infrastructure, and technology.
   - Increase base funding, including but not limited to the addition of COVID-19 as a disease of public health significance beyond 2022.

3. **Provincial support for evaluation and renewal**

   Continue to work with Ontario's public health stakeholders (Public Health Ontario, Office of the Chief Medical Officer of Health, Local Public Health Agencies) to develop the vision for a stronger responsive public health sector with the capacity to address population health needs through various partnerships into the future.

   - Ensure that Ontario launches a comprehensive review and assessment of all aspects of the pandemic response to inform strategies for improvement.

- Ensure that public health stakeholders have the capacity and resources to participate fully in the review and in formulating recommendations.

CONCLUSION

The COVID-19 pandemic has clearly demonstrated the critical importance and proficiency of Ontario's public health system and the need to reinforce it. Lessons from past large scale infectious disease emergencies such as SARS and H1N1 helped to inform Ontario's and LPHAs' preparedness, but no sector was prepared for the scale, complexity, and duration of the response that this pandemic has required. As we have demonstrated here, the effectiveness of the local public health response has come at enormous cost, especially to the routine public health activities that are designed to protect and promote health at a population level every day.

It is anticipated that the need for ongoing COVID-19 response activities will continue for some time, and we can no longer ignore the suite of OPHS mandated activities that improve and protect the health and reduce health inequities well-being of the population of Ontario. COVID-19 programming will therefore need to be balanced with recovery efforts and integrated into existing OPHS accountabilities, and a strong commitment of provincial support, including the provision of sufficient, predictable and sustainable funding, will be required.

alPHa
Association of Local PUBLIC HEALTH Agencies

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The Honourable Peter Bethlenfalvy, MPP
Minister of Finance
Frost Building North, 3rd floor
95 Grosvenor Street
Toronto ON M7A 1Z1

January 19, 2022

Dear Minister Bethlenfalvy,

Re: Pre-Budget Consultation 2022

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to provide input on the public health response to COVID-19 and its resumption of routine mandates for your consideration as you prepare the 2022 Ontario Budget.

Every Ontarian continues to be deeply affected by the ongoing COVID-19 pandemic and we understand that this will continue to be a prominent context for the decisions you will make about how to invest Ontarians' tax dollars in the coming year. We also understand the ongoing importance of striking a balance between protecting people from the direct effects of the coronavirus and protecting Ontario's economy from the secondary ones. A healthy economy and healthy people are interdependent, and Ontario's public health sector is a critical link, notably where the priorities you outlined in the *2021 Ontario Economic Outlook and Fiscal Review: Build Ontario* (safely reopening Ontario and managing COVID-19 for the long term, keeping schools safe, increasing access to dental health programs for seniors) are concerned.

Since the beginning of the COVID-19 pandemic, your government has demonstrated a strong commitment to providing financial certainty and resources to public health units to support their fundamental duty to protect the health of the people though case and contact management, outbreak control, implementation of public health measures and guidance, and leadership of one of the most comprehensive and complex vaccination campaigns in Ontario's history.

At the same time, these activities have placed such demands on Ontario's local public health resources that most of the routine programs and services mandated by the Ontario Public Health Standards (OPHS) have all but ceased. This is the public health equivalent of the health care sector's "surgical backlog" and one that will have significant repercussions on population health in this province for years to come, especially as COVID response activities are expected to continue for the foreseeable future.

Many of Ontario's public health units have diverted up to 90% of their available resources to the pandemic response, even after significant human resource expansions and reallocations. With the strong likelihood of COVID-19 becoming a permanent part of public health's daily business, attention needs to be turned to restoring capacity to return to existing OPHS-mandated health protection and promotion activities, which are also the basis for the Annual Business Plans and Accountability Agreements that are required by the Province each year.

Examples of these include the Healthy Babies, Healthy Children program, which provides outreach to vulnerable families; school vaccination programs; smoking cessation supports; food safety inspections; mental health promotion; addressing substance use including the opioid crisis; and the wide range of other activities that are aimed at preventing chronic diseases, which remain responsible for most deaths in Ontario and account for an estimated $10B in direct health care costs as part of a total economic burden of over $20B[i]. Restoring public health's capacity to deliver the totality of the OPHS will be analogous to ensuring that hospitals have the capacity to provide essential surgeries and diagnostic procedures while maintaining their own capacity to respond to the pressures of COVID-19.

This crisis continues to prove the worth of local public health and has clearly demonstrated that a healthy economy is not possible without healthy people. The imperative of sufficient, stable, and predictable investments to ensure that Ontario's boards of health can carry out the comprehensive range of health protection and promotion programs and services that are outlined in the Ontario Public Health Standards is evident, and plans should be made for a comprehensive review of the public health pandemic response after the emergency is over with a view to making specific improvements.

The welcome financial commitment that your government has made to local public health to support its response to this crisis needs to be entrenched and reinforced to ensure that our public health system is able to carry out each of its health protection and promotion duties, both routine and extraordinary, to ensure a healthy population. To achieve this, we present to following recommendations for your consideration as you formulate the 2022 Ontario Budget.

Continued support for an ongoing pandemic response

Maintain ongoing provincial investments in public health science, measures, structures, and resources to support the multi-sector effort to effectively manage COVID-19. The 2022 Ontario Budget should

- Plan for additional one-time COVID-19 funding allocations for 2022 to support the COVID-19 response and ensure adequate resources and staffing levels for case/contact management, vaccination programs, data collection and analysis, and public communications.
- Synchronize new funding announcements and their allocation to ensure that local public health agencies have immediate access to the resources required.
- Enhance central support for local public health implementation, communication, and enforcement of provincial policy directions.
- Strengthen Public Health Ontario's capacity to provide timely evidence-based scientific and technical advice on public health related topics to government, public health, health care, and related sectors.

Enhanced support for local public health recovery and sustainability

Commit to health protection and promotion for all Ontarians through sufficient and sustainable financial investments in local public health that are clearly communicated and committed early in the fiscal year. The 2022 Ontario Budget should:

- Ensure that the total funding envelope is sufficient for all local public health agencies to deliver their entire Ontario Public Health Standards mandate, including consideration of the additional resources required to ensure the ongoing capacity to control COVID-19.
- Provide additional funding to support recovery efforts and the resumption of routine programming, including closing the gaps for services that have not been provided for nearly 2 years (e.g. routine childhood immunizations, oral health and vision screening programs, substance use).

- Immediately revert to the 75% / 25% provincial-municipal public health cost-sharing formula with assurances that no further changes will be made without extensive analysis and consultation.
- Consider additional strategic public health investments that should be funded entirely by the Government of Ontario. Low-income oral health programs and enforcement of the *Smoke-Free Ontario Act, 2017* for example were funded this way until 2019.

Provincial support for evaluation and renewal:

Ontario needs to plan for expenditures related to the eventual evaluation of its COVID-19 response and subsequent systemic improvements. It must be prepared to work with Ontario's public health stakeholders (Public Health Ontario, Office of the Chief Medical Officer of Health, Local Public Health Agencies) to develop a vision for a strong, responsive and resilient public health sector with the capacity to address population health needs. The 2022 Ontario Budget should:

- Ensure that Ontario has the capacity to undertake a comprehensive review and assessment of all aspects of the pandemic response to inform strategies for improvement.
- Ensure that public health stakeholders have the capacity and resources to participate fully in the review and in formulating recommendations.
- Ensure that a health equity lens is carefully applied to the analysis, knowing that COVID-19 has disproportionately affected communities with lower socioeconomic status.

Preserve the integrity of Ontario's locally based public health system to protect its excellent return on investment.

For more than 180 years, Ontarians have enjoyed a strong, locally based public health system that puts their health and wellbeing at the front and centre. Medical officers of health, boards of health and managers of the major public health disciplines are on the front lines of delivering the upstream programs and services that prevent disease and promote health in every community in Ontario every single day at a fraction of the cost of treating illness.

According to the 2018-19 Ministry Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) was $1.267 billion, or about 2% of the total Ministry operating expenses. This demonstrates a tremendous return on investment given the significant benefit to the health of the people of Ontario. The integrity of this successful and cost-effective system must be maintained and reinforced. The 2022 Ontario Budget should:

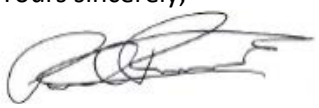
- Recognize that investments in health protection and promotion yield enormous returns on investment including reducing the burden on Ontario's costly health care system.
- Recognize the differing mandates of public health and health care and ensure that they remain organizationally separate.
- Recognize the value of public health's existing local community partnerships (e.g. school boards, municipalities, community services) and ensure their preservation.

We know that even modest investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy. Public Health's broad efforts in the areas of health protection and promotion touch upon where we live, work and play, improving our quality of life and promoting healthy communities across the province. Further investments in these efforts will only strengthen their contributions to your Government's goals of safely reopening Ontario and managing

COVID-19 for the long term, keeping schools safe, increasing access to dental health programs for seniors, cutting hospital wait times and ending hallway health care, and even putting money back in people's pockets by keeping them healthy and able to contribute to the prosperity of the Province of Ontario.

In closing, thank you for the opportunity to present this information as you deliberate on how Ontarians' tax dollars are to be spent in the coming year. We would be pleased to discuss our submission with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 416-595-0006 ext. 222.

Yours sincerely,



Dr. Paul Roumeliotis
alPHa President

COPY:
Hon. Doug Ford, MPP, Premier of Ontario
Hon. Christine Elliott, MPP, Deputy Premier and Minister of Health
Hon. Merrilee Fullerton, MPP, Minister of Children, Community and Social Services
Hon. Stephen Lecce, MPP, Minister of Education
Ernie Hardeman, MPP, Chair, Standing Committee on Finance and Economic Affairs
Dr. Catherine Zahn, Deputy Minister, Health
Dr. Kieran Moore, Chief Medical Officer of Health
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery
Colleen Geiger, President and CEO (A), Public Health Ontario
Matt Anderson, CEO, Ontario Health

Encl: alPHa information sheet: *Why Public Health Matters*:

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[i] Public Health Ontario, July 2019: Burden of Chronic Diseases in Ontario. Retrieved from https://www.publichealthontario.ca/en/data-and-analysis/chronic-disease/cdburden#:~:text=The%20total%20annual%20economic%20burden,inadequate%20vegetable%20and%20fruit%20consumption

PUBLIC HEALTH MATTERS

Providing Leadership in Public Health Management

alPHa Association of Local PUBLIC HEALTH Agencies

www.alphaweb.org

A PUBLIC HEALTH PRIMER FOR 2022 ELECTION CANDIDATES

Public health champions health for all. Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. Our work, often done in collaboration with local partners and within the broader public health system, results in a healthier population and avoids drawing on costly and scarce health care resources.

OUR ASK

Candidates acknowledge that local public health has been the backbone of Ontario's successful response to the pandemic and remains essential to the province's health and economic recovery, which will require sustained and sufficient resources and a stable structure embedded in local communities.

7,139,930
INDIVIDUALS VACCINATED WITH 3 DOSES IN ONTARIO AS OF MARCH 22, 2022
Source: Government of Ontario

1,140,865
CONFIRMED COVID-19 CASES IN ONTARIO AS OF MARCH 21, 2022
Source: Public Health Ontario

PUBLIC HEALTH RESPONSE

Ontario's 34 local public health agencies are the front line of the COVID-19 response.

Public health professionals are responsible for the following:

CASE AND CONTACT MANAGEMENT:
Identify and isolate cases.

DATA ANALYSIS:
Identify sources of infection and patterns of transmission.

OUTBREAK CONTROL:
Protect vulnerable populations in higher risk settings.

PUBLIC HEALTH MEASURES:
Implement and enforce measures to slow the spread of COVID-19.

ADVICE TO GOVERNMENT:
Provide expert input to inform government actions in the fight against COVID-19.

ADVICE TO THE PUBLIC:
Provide and reinforce expert advice to empower the public in the fight against COVID-19.

VACCINATION EFFORTS:
Lead the distribution and administration of COVID-19 vaccines in all Ontario communities.

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Emergency Management
- Chronic Disease Prevention and Well-Being
- Food Safety
- Healthy Environments

PUBLIC HEALTH MATTERS

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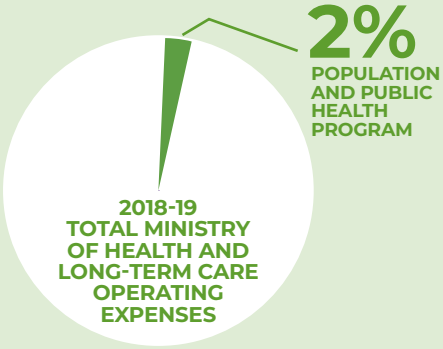
Association of Local PUBLIC HEALTH Agencies

RETURN ON INVESTMENT

Investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy.

According to the 2018-19 (former) Ministry of Health and Long-Term Care Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) was **$1.267 billion**, or about **2%** of the total Ministry operating expenses.

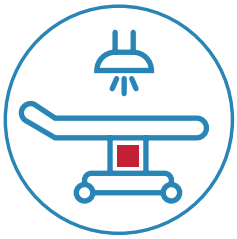
This demonstrates a tremendous return on investment given the significant benefit to the health of the people of Ontario.



IMPACT ON RESOURCES

The COVID-19 response **pre-empted most activities** mandated by the Ontario Public Health Standards.

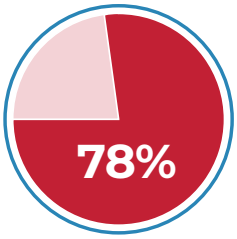
Suspension of routine public health programs and services is our equivalent of the health care system's "surgical backlog." We must resume these while we maintain an effective COVID-19 response.



The COVID-19 pandemic magnified existing **health inequities**.

This will put additional demands on Public Health resources to address them in the future.

Each of Ontario's 34 local public health agencies had to **divert on average 78%** of all available resources to the COVID-19 response.



A measurable uptick in **substance use** (e.g., alcohol and opioids), **mental health issues**, and factors that contribute to chronic diseases will put further demands on public health resources in the future.

Source: alPHa Report: Public Health Resilience in Ontario - Executive Summary
Source: alPHa Report: Public Health Resilience in Ontario – Report
*Please visit: **www.alphaweb.org***

Healthy Growth and Development
Immunization
Infectious and Communicable Diseases Prevention and Control
Oral Health
Safe Water
School Health
Substance Use and Injury Prevention

Statement of Principles
Public Health Modernization
November 2019

BACKGROUND

On April 11, 2019 the Minister of Finance announced the 2019 Ontario Budget, which included a pledge to modernize "the way public health units are organized, allowing for a focus on Ontario's residents, broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention to improve public health promotion and prevention".

Plans announced for this initiative included regionalization and governance changes to achieve economies of scale, streamlined back-office functions and better-coordinated action by public health units, adjustments to the provincial-municipal cost-sharing of public health funding and an emphasis on digitizing and streamlining processes.

On November 6, 2019, further details were presented as part of the government's Fall Economic Statement, which reiterates the Province's consideration of "how to best deliver public health in a way that is coordinated, resilient, efficient and nimble, and meets the evolving health needs and priorities of communities". To this end, the government is renewing consultations with municipal governments and the public health sector under the leadership of Special Advisor Jim Pine, who is also the Chief Administrative Officer of the County of Hastings. The aim of the consultation is to ensure:

- Better consistency and equity of service delivery across the province;
- Improved clarity and alignment of roles and responsibilities between the Province, Public Health Ontario and local public health;
- Better and deeper relationships with primary care and the broader health care system to support the goal of ending hallway health care through improved health promotion and prevention;
- Unlocking and promoting leading innovative practices and key strengths from across the province; and
- Improved public health delivery and the sustainability of the system.

In preparation for these consultations and with the intent of actively supporting positive systemic change, the alPHa Board of Directors has agreed on the following principles as a foundation for its separate and formal submissions to the consultation process.

PRINCIPLES

Foundational Principle

1) Any and all changes must serve the goal of strengthening the Ontario public health system's capacity to improve population health in all of Ontario's communities through the effective and efficient local delivery of evidence-based public health programs and services.

Organizational Principles

2) Ontario's public health system must remain financially and administratively separate and distinct from the health care system.

3) The strong, independent local authority for planning and delivery of public health programs and services must be preserved, including the authority to customize centralized public health programming or messaging according to local circumstances.

4) Parts I-V and Parts VI.1 – IX of the Health Protection and Promotion Act should be retained as the statutory framework for the purpose of the Act, which is to "provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario".

5) The *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability* should be retained as the foundational basis for local planning and budgeting for the delivery of public health programs and services.

6) Special consideration will need to be given to the effects of any proposed organizational change on Ontario's many Indigenous communities, especially those with a close relationship with the boards of health for the health units within which they are located. Opportunities to formalize and improve these relationships must be explored as part of the modernization process.

Capacity Principles

7) Regardless of the sources of funding for public health in Ontario, mechanisms must be included to ensure that the total funding envelope is stable, predictable, protected and sufficient for the full delivery of all public health programs and services whether they are mandated by the province or developed to serve unique local needs as authorized by Section 9 of the Health Protection and Promotion Act.

8) Any amalgamation of existing public health units must be predicated on evidence-based conclusions that it will demonstrably improve the capacity to deliver public health programs and services to the residents of that area. Any changes to boundaries must respect and preserve existing municipal and community stakeholder relationships.

9) Provincial supports (financial, legal, administrative) must be provided to assist existing local public health agencies in their transition to any new state without interruption to front-line services.

Governance Principles

10) The local public health governance body must be autonomous, have a specialized and devoted focus on public health, with sole oversight of dedicated and non-transferable public health resources.

11) The local public health governance body must reflect the communities that it serves through local representation, including municipal, citizen and / or provincial appointments from within the area. Appointments should be made with full consideration of skill sets, reflection of the area's socio-demographic characteristics and understanding of the purpose of public health.

12) The leadership role of the local Medical Officer of Health as currently defined in the Health Protection and Promotion act must be preserved with no degradation of independence, leadership or authority.

DESIRED OUTCOMES

- Population health in Ontario will benefit from a highly skilled, trusted and properly resourced public health sector at both the provincial and local levels.
- Increased public and political recognition of the critical importance of investments in health protection and promotion and disease prevention to population health and the sustainability of the health care system.
- Local public health will have the capacity to efficiently and equitably deliver both universal public health programs and services and those targeted at at-risk / vulnerable / priority populations.
- The geographical and organizational characteristics of any new local public health agencies will ensure critical mass to efficiently and equitably deliver public health programs and services in all parts of the province.
- The geographical and organizational characteristics of any new local public health agencies will preserve and improve relationships with municipal governments, boards of education, social services organizations, First Nations communities, Ontario Health Teams and other local stakeholders.
- The geographical and organizational characteristics of any new local public health agencies will reflect the geographical, demographic and social makeup of the communities they serve in order to ensure that local public health needs are assessed and equitably and efficiently addressed.
- Local public health will benefit from strong provincial supports, including a robust Ontario Agency for Health Protection and Promotion (Public Health Ontario) and a robust and independent Office of the Chief Medical Officer of Health.
- The expertise and skills of Ontario's public health sector will be recognized and utilized by decision makers across sectors to ensure that health and health equity are assessed and addressed in all public policy.

What is Public Health

Public health is the science of protecting, promoting and improving the health of people and their communities. It does this by:

- Promoting healthy lifestyles and behaviours and environment
- Advocating for healthy public policy and legislation
- Preventing disease, disability and injury
- Protecting health through inspections of drinking water systems and restaurants
- Monitoring communicable diseases, outbreaks and environmental hazards

Here are some examples of public health in action in your local community:

- Local response to COVID-19 pandemic
- Schoolchildren immunization
- Keeping tobacco products out of children's hands
- Parenting support and education
- Investigation and prevention of outbreaks of food-borne illnesses
- Free dental service for eligible people
- Inspections of restaurants, pools, beaches, and wells

Why Public Health Matters

Simply put, public health keeps people and communities healthy, saves lives and saves money. Public health programs and services prevent health problems from occurring in the first place and help prolong healthy lives, which reduces the need to draw on expensive and increasingly scarce resources of the health care system.

Since the beginning of the COVID-19 pandemic, Ontario's 34 local public health agencies have been at the forefront of the ongoing response.

Local public health has been key in preventing COVID-19 transmission, hospitalizations, and death through enactment and enforcement of public health measures, case and contact management, outbreak management, infection prevention and control, communication of credible advice to the public, coordination with local and provincial partners and leadership of the vaccination campaign.

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PUBLIC HEALTH
Agencies

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Association of Local PUBLIC HEALTH Agencies

Supporting Ontario's local public health units and their boards of health to achieve a strong and effective public health system across all communities.

Email: info@alphaweb.org Website: www.alphaweb.org Twitter: @PHAgencies

Who We Are

Established in 1986, the Association of Local Public Health Agencies (alPHa) is the non-profit organization that provides leadership to Ontario's public health units and their boards of health.

alPHa works closely with the senior leadership of its member health units, including board of health members, medical and associate medical officers of health, and senior public health managers in each of the following public health disciplines:

- nursing
- inspection
- dentistry
- nutrition
- epidemiology
- health promotion
- business administration

alPHa represents the interests of member public health units and lends expertise to members on the governance, administration and management of public health units and their boards of health. The Association also works with governments and other health organizations, advocating for healthy public policy and a strong, effective and efficient public health system in Ontario.

What We Do

Through policy analysis, discussion, partnership and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities. alPHa also provides member benefits such as group plans, networking opportunities, and recognition, to name just a few. Here are key activities that we engage in as the voice of Ontario's public health units:

Advocacy – alPHa communicates on behalf of members on public health matters to government and decision-makers. It also develops and disseminates positions and reports on key public health issues and relevant legislation.

Communications – We keep members informed on the latest news and events as well as emerging issues.

Education – alPHa holds timely and informative sessions on matters affecting the governance and delivery of public health programs and services.

Representation – alPHa representatives participate on key public health working groups and committees.

Members of alPHa

Membership is open to all Ontario public health units and their boards of health.

Representatives from member public health units include:

- board of health members
- medical and associate medical officers of health
- senior public health managers in nursing, inspection, dentistry, nutrition, epidemiology, health promotion and business administration

alPHa's members also comprise of the following Affiliate Organizations:

- Association of Ontario Public Health Business Administrators (AOPHBA)
- Association of Public Health Epidemiologists in Ontario (APHEO)
- Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO)
- Health Promotion Ontario (HPO)
- Ontario Association of Public Health Dentistry (OAPHD)
- Ontario Association of Public Health Nursing Leaders (OPHNL)
- Ontario Dietitians in Public Health (ODPH)